

09/14/00

jc916 U.S. PTO

09-13-00

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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))	Attorney Docket No.
	First Inventor or Application Identifier <u>DENNIS M. DEARIE</u>
	Title
	Express Mail Label No.

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
1. <input type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)	5. <input type="checkbox"/> Microfiche Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Specification [Total Pages <input type="text"/> (preferred arrangement set forth below) - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure	6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies
3. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <input type="text"/> 4. Oath or Declaration [Total Pages <input type="text"/> a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).	

* NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

ACCOMPANYING APPLICATION PARTS	
7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney	
9. <input type="checkbox"/> English Translation Document (if applicable)	
10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
11. <input type="checkbox"/> Preliminary Amendment	
12. <input type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
13. <input checked="" type="checkbox"/> * Small Entity Statement(s) filed in prior application, Status still proper and desired (PTO/SB/09-12) <input type="checkbox"/>	
14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
15. <input type="checkbox"/> Other:	

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: _____

Prior application information: Examiner _____

Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☒ Correspondence address below

Name	<u>DENNIS M. DEARIE</u>				
	<u>c/o DESIGN SCAN, INC.</u>				
Address	<u>15431 Red Maple Place</u>				
City	<u>GREENWELL SPRINGS</u>	State	<u>LA.</u>	Zip Code	<u>70739</u>
Country	<u>USA</u>	Telephone	<u>225-262-6404</u>	Fax	<u>810-963-8387</u>

Name (Print/Type)	Registration No. (Attorney/Agent)
Signature	Date

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision.
Small Entity payments must be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.
See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$)345.20

Complete If Known

Application Number	
Filing Date	9-14-00
First Named Inventor	DENNIS M. DEARIE
Examiner Name	
Group / Art Unit	
Attorney Docket No.	

METHOD OF PAYMENT (check one)

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number

Deposit Account Name

☐ Charge Any Additional Fee Required
Under 37 CFR §§ 1.16 and 1.17

2. ☐ Payment Enclosed:

☒ Check ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 690	201 345	Utility filing fee	345.20
106 310	206 155	Design filing fee	
107 480	207 240	Plant filing fee	
108 690	208 345	Reissue filing fee	
114 150	214 75	Provisional filing fee	

SUBTOTAL (1) (\$)345.20

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	-20** = <input type="text"/> X <input type="text"/>	<input type="text"/>	<input type="text"/>
Multiple Dependent	-3** = <input type="text"/> X <input type="text"/>	<input type="text"/>	<input type="text"/>

**or number previously paid, if greater; For Reissues, see below

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20
102 78	202 39	Independent claims in excess of 3
104 260	204 130	Multiple dependent claim, if not paid
109 78	209 39	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)0

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
105 130	205 65	Surcharge - late filing fee or oath
127 50	227 25	Surcharge - late provisional filing fee or cover sheet
139 130	139 130	Non-English specification
147 2,520	147 2,520	For filing a request for reexamination
112 920*	112 920*	Requesting publication of SIR prior to Examiner action
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action
115 110	215 55	Extension for reply within first month
116 380	216 190	Extension for reply within second month
117 870	217 435	Extension for reply within third month
118 1,360	218 680	Extension for reply within fourth month
128 1,850	228 925	Extension for reply within fifth month
119 300	219 150	Notice of Appeal
120 300	220 150	Filing a brief in support of an appeal
121 260	221 130	Request for oral hearing
138 1,510	138 1,510	Petition to institute a public use proceeding
140 110	240 55	Petition to revive - unavoidable
141 1,210	241 605	Petition to revive - unintentional
142 1,210	242 605	Utility issue fee (or reissue)
143 430	243 215	Design issue fee
144 580	244 290	Plant issue fee
122 130	122 130	Petitions to the Commissioner
123 50	123 50	Petitions related to provisional applications
126 240	126 240	Submission of Information Disclosure Stmt
581 40	581 40	Recording each patent assignment per property (times number of properties)
146 690	246 345	Filing a submission after final rejection (37 CFR § 1.129(a))
149 690	249 345	For each additional invention to be examined (37 CFR § 1.129(b))

Other fee (specify)

Other fee (specify)

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)0


SUBMITTED BY

Name (Print/Type)	DENNIS M. DEARIE	Registration No. (Attorney/Agent)		Complete (if applicable)
Signature	<u>Dennis M. Dearie</u>	Telephone	225-262-6404	Date
				9-14-00

WARNING:

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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PTO/SB/16 (2-98)

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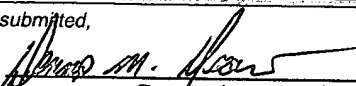
PROVISIONAL APPLICATION FOR PATENT COVER SHEET

This is a request for filing a PROVISIONAL APPLICATION FOR PATENT under 37 CFR 1.53 (c).

INVENTOR(S)				
Given Name (first and middle [if any])	Family Name or Surname	Residence (City and either State or Foreign Country)		
DENNIS MICHAEL	DEARIE	GREENWELL SPRINGS, LOUISIANA		
<input type="checkbox"/> Additional inventors are being named on the ___ separately numbered sheets attached hereto				
TITLE OF THE INVENTION (280 characters max)				
Wireless Auto Insurance Verification System				
Direct all correspondence to:		CORRESPONDENCE ADDRESS		
<input type="checkbox"/> Customer Number	<input type="text"/>	Place Customer Number Bar Code Label here		
OR	Type Customer Number here			
<input type="checkbox"/> Firm or Individual Name	<input type="text"/>			
Address		<input type="text"/>		
Address		<input type="text"/>		
City		State		ZIP
Country		Telephone		Fax
ENCLOSED APPLICATION PARTS (check all that apply)				
<input type="checkbox"/> Specification Number of Pages	<input type="text"/>	<input type="checkbox"/> Small Entity Statement		
<input type="checkbox"/> Drawing(s) Number of Sheets	<input type="text"/>	<input type="checkbox"/> Other (specify)	<input type="text"/>	
METHOD OF PAYMENT OF FILING FEES FOR THIS PROVISIONAL APPLICATION FOR PATENT (check one)				
<input type="checkbox"/> A check or money order is enclosed to cover the filing fees			FILING FEE AMOUNT (\$)	
<input type="checkbox"/> The Commissioner is hereby authorized to charge filing fees or credit any overpayment to Deposit Account Number:	<input type="text"/>	<input type="text"/>		
The invention was made by an agency of the United States Government or under a contract with an agency of the United States Government.				
<input checked="" type="checkbox"/> No.				
<input type="checkbox"/> Yes, the name of the U.S. Government agency and the Government contract number are: _____				

Respectfully submitted,

SIGNATURE



Date

9/14/00

TYPED or PRINTED NAME

DENNIS M. DEARIE

REGISTRATION NO.

(if appropriate)

Docket Number:

TELEPHONE

225-262-6404

USE ONLY FOR FILING A PROVISIONAL APPLICATION FOR PATENT

This collection of information is required by 37 CFR 1.51. The information is used by the public to file (and by the PTO to process) a provisional application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 8 hours to complete, including gathering, preparing, and submitting the complete provisional application to the PTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, D.C., 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Box Provisional Application, Assistant Commissioner for Patents, Washington, D.C., 20231.